## EXHIBIT C

The state of the s				
	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim retailing to		
Name of Creditor and Address		your claim. Attach copy of statement giving particulars.		
LOUISE TEETER IRA ROLLOVER 4201 VIA MARINA, STE 300 MARINA DEZ REY, CA 90292-52	-37	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTERI ONE OF THE DEE If you have alre Bankruptcy Court (	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (10) (2 3 - 2 2 3 4/ Last four digits of account or other number by which creditor identifies	dablam	court.	THIS SPACE	E IS FOR COURT USE ONLY
3307	deptor.	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retires I	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (	-	Other claims against service
Services performed Taxes	, -	digits of your SS #		(not for ioen belences)
Money loaned  Mother (describe briefly)  See Exhibit A	Unpaid o	compensation for services per	formed from	to
2 DATE DEBT WAS INCURRED /2/16/2002 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE Of		(date) (date)
See reverse side for important explanations.  UNSECURED NONPRIORITY CLAIM \$ 449,261,59  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of your entitled to priority		SECURED CLAIM  Check this box if you a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	-	☐ Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ UNKN	
Amount entitled to priority \$		Amount of arrearage ar	d other charges	at time case filed included in
Specify the priority of the claim.		secured claim, if any	7504.	Δ=
Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan 11 U S C \$ 507(a)(5)		Up to \$2,225° of deposits tows services for personal, family of Taxes or penalties owed to go Other Specify applicable part *Amounts are subject to adjust	r household use -11 vemmental units 1 agraph of 11 U S C tment on 4/1/07 and	U S C § 507(a)(7).   1 U S C § 507(a)(8).   § 507(a) ( )   d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 449 141 19 \$	ilila	with respect to cases commen	ced on or after the o	iale of adjustment.
AT TIME CASE FILED (unsecured)	749,	necured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim. Attach itei		· · · · · · · · · · · · · · · · · · ·
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d	<i>iments,</i> su	ch as promissory notes pure s and evidence of perfection	hase orders invo	ices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	g Pacific time, on November	or 13, 2006 d	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Center t Franklin Avenue	1	ILED JAN 1 2 200.
El Segundo CA 90245-0911	El Seguno	io CA 90245		
DATE/   SIGN and print the name and title if any of the this claim (attach copy of power of attorn LOUISE TEETER TCA	ney if gray)	other person authorized to file  LOVER		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	707	Louis See	ter	1072502273

Case uo-	TU/25-0WZ DOC 800U-	3 EIII	erea 07/19/11 15:3	6'08 Pau	<u>e 3 OLLL</u>
	NKRUPTGY COURT OF NEVADA		OOF OF CLAIM	3	
Name of Debtor		Case Nu	mber		
USA Commercial Mortg	age Company	06-107	25-LBR		
	ake a claim for an administrative exp the case A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
BRECHT MARSH 640 COLONIAL CI FULLERTON CA	11321242034056 AL TRUST DETER 2/ RCLE	5/86	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	DEBTORS YOU DE OF CLAIM THIS BORROWER HELD DO NOT FILE THIS SECURED INTER ONE OF THE DEI	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT .D IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A SEST IN A BORROWER THAT IS NOT
Creditor Telephone Number (7/4)	C C 2 - 7 2 7 9		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
	number by which creditor identifies of	debtor	Check here replace	ces	
			if this claim amer		filed claim dated
1 BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Personal injury/wrongful death Taxes		salaries, and compensation (	fill out below)	Other claims against service (not for loan balances)
l	Other (describe briefly)		digits of your SS # compensation for services pe	rformed from	,
	SEE EXHIBIT A	Onpaid C	compensation for services pe	Homied from	(date) to (date)
2 DATE DEBT WAS INCURRED			OURT JUDGMENT, DATE C		
4 CLASSIFICATION OF CLAIM See reverse side for important expla	Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CL			SECURED CLAIM		
Check this box if a) there is no co	ollateral or lien securing your claim or b) securing it or if c) none or only part of you	your claim our claim is	a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM			Real Estate	_	Other
Check this box if you have an uns entitled to priority	ecured claim all or part of which is		Value of Collateral	_	
Amount entitled to priority	\$			UNK	at time case filed included in
Specify the priority of the claim	·		secured claim, if any	\$ <u>25,30.</u>	S Included III
	er 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
before filing of the bankruptcy pet	(up to \$10 000)* earned within 180 days ition or cessation of the debtor's		services for personal family of Taxes or penalties owed to go		
business whichever is earlier - 11			Other Specify applicable part		
Contributions to an employee ben	lefft plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM	\$1,709,011 \$1	1,709,			\$ 1,709,011
AT TIME CASE FILED  Check this box if claim includes in	(unsecured) nterest or other charges in addition to th	, (s	ecured)	( priority) mized statement o	(Total)
7 SUPPORTING DOCUMENT running accounts contracts co DOCUMENTS If the document 8 DATE-STAMPED COPY proof of claim	ayments on this claim has been cred  S Attach copies of supporting docu- urt judgments, mortgages security a ts are not available, explain If the d  To receive an acknowledgment of the	<u>iments,</u> su agreements locuments e filing of y	ich as promissory notes puro s and evidence of perfection are voluminous, attach a sui our claim enclose a stamped	chase orders, involved filen DO NO mmary discollable self-addressed	oices, itemized statements of T SEND ORIGINAL
ACCEPTED) so that it is actual for each person or entity (included covernmental units)	d proof of claim form must be sent ally received on or before 5 00 pm luding individuals, partnerships, c	, prevailin	g Pacific time, on November	er 13. 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing P O Box 911 El Segundo CA 90245-0911	g Center	Attn USA 1330 East	.CM Claims Docketing Cente t Franklin Avenue	F II H	D JAN 12 2007
	and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if any)	o CA 90245 other person authorized to file CimeL L Brichs	, Trustee	USA CMC

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		PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	ımber	}	
USA COMMERCIA	AL MORTGAGE COMPANY	06-10	0725-LBR		RE LIVED AND F
This form should not be us arising after the commence	st of Debtors and Case Numbers ed to make a claim for an administrative expendent of the case A 'request for payment by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		2007 JAN 12 A G
Name of Creditor an	d Address		your claim Attach copy of statement giving particulars	ļ	Y 1 ;
MICHAELIAN HOL 413 CANYON GRE LAS VEGAS, NV	EENS DR		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
ACCT ID 1572			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account of	or other number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and compensation (f	fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS # compensation for services per	rformed from	to
2 DATE DEBT WAS INCU	IRRED	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF C	Check the appropriate box or boxes that				he time case filed
See reverse side for importa	ant explanations		SECURED CLAIM		
UNSECURED NONPRIOR  Check this box if a) there exceeds the value of the entitled to priority	e is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your claim or by	your claim our claim is			red by collateral (including
UNSECURED PRIORITY		· <del></del>	Real Estate		Поч
Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Value of Collateral	\$	Other
Amount entitled to prionty	· \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the			secured claim if any	1,267,075.5	50
Wages salaries or comm	ions under 11 U S C $\S$ 507(a)(1)(A) or (a)(1)(B) nissions (up to \$10 000) earned within 180 days		Up to \$2 225 of deposits towa services for personal family or	rd purchase lease r household use 1	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankru	aptcy petition or cessation of the debtor's arlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov Other Specify applicable para	vernmental units	11 U S C § 507(a)(8)
	oyee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 ar	id every 3 years thereafter
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	_AIM \$ (unsecured)	1,267,07	75 50 \$ ecured)		\$ 1,267,075 50
Check this box if claim in	cludes interest or other charges in addition to the	,	•	( priority) nized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain. If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this					
proof of claim					envelope and copy of this
for each person or enti governmental units) BY MAIL TO	npleted proof of claim form must be sent s actually received on or before 5 00 pm ity (including individuals, partnerships, c	, prevailing orporation	a Pacific time on Novemba	- 42 200e	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Do P O Box 911		Attn USA	ıp CM Claıms Docketıng Center		
El Segundo CA 90245-0		El Segund	Franklin Avenue lo CA 90245		
DATE	SIGN and print the name and title if any of the	e creditor or			
01/11/2007	opy or popular or attorn	_	DRE MICHAELIAN, N	MANAGER	USA CMC 
Penalty for presenting frauduler	nt claim is a fine of up to \$500 000 or imprisonmen			,	1072502433

	PRO	OF OF CLAIM	<del>0.00 ray</del>	<del>C 5 0  11</del>
Name of Debtor Case Nu		mber		
USA Commercial Mortgage Company	06-107	725-LBR		
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NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension.	ense i	Check box if you are		
arising after the commencement of the case. A "request" for payment of		aware that anyone else has filed a proof of claim relating	IF YOU ARE ONL	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		to your claim Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
name of Creditor and Address	,	statement giving particulars	OF CLAIM THIS	INCLUDES MONEY FROM THAT
NIX JOHN		Check box if you have never received any notices	BORROWER HEI	.D IN THE COLLECTION ACCOUNT
836 TEMPLE ROCK CT	,	from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
BOULDER CITY NV 89005		Check box if this address	ONE OF THE DE	
		differs from the address on the		eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number (752) 364-1284		envelope sent to you by the court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	lebtor	Check here replac	ces	
Client 10 # 2628		Check here I replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	_	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #		,
Money loaned Crief (describe briefly)	Unpaid o	compensation for services pe	rrormed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(oute) (oute)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descr			
See reverse side for important explanations		SECURED CLAIM	bee Atta	tched
UNSECURED NONPRIORITY CLAIM \$ 710, 937.34  Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	<b> </b>	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority		a right of setoff)	a a llata mal	
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Amount entitled to priority \$		secured claim if any		at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Γ-	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	_	services for personal family of	r household use -1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable part * Amounts are subject to adjust		
		with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 710 937.34 \$ AT TIME CASE FILED		<b>\$</b>		\$ 710,937.34
(unsecured)	•	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 GREDITS: The amount of all paymente on this claim has been one				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments, mortgages security a	agreement	is, and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available, explain If the d	locuments	are voluminous attach a sui	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c	orporation	ns, joint ventures, trusts a	nd	USE ORLI
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Docketing Center	BMC Gro			ED NOV 1 0 2000
P O Box 911	1330 Eas	st Franklin Avenue	. t/L	ED NOV 10 2006
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the		do, CA 90245		USA CMC
this claim (attach copy of power of attorn		outer person authorized to life		11 <b>2</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10-9-06 LISA NIX LISA TUS				1072501175

United States Bankrugyey court 8660-		OF OF CLAIM	<del>.86:08 P</del> a	age 6 of 11
DISTRICT OF NEVADA	FIX	JOP OF CLAIM		_
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Name of Debtor	Case Nu	ımber	1	
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USA (WMM Erust Most gaye Company  NOTE See Reverse for List of Debtors and Case Numbers	06-	10725-LBR	1	
Company			Ì	
NOTE See Reverse for List of Debtors and Case Numbers	<del></del>	<u> </u>	4	
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arising after the commencement of the case. A request for payment of	of an	aware that anyone else has	Í	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	·[	
Name of Creditor and Address		statement giving particulars	1	
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		Check box if you have	l	
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JTWRUS		BMC Group in this case		REST IN A BORROWER THAT IS NOT
14 MIGINON STREET		Check box if this address	ONE OF THE DE	BTORS
44 MIGINON STREET GLY FARA ATHENS, 16674 GREECE		differs from the address on the		eady filed a proof of claim with the
GILET CE		envelope sent to you by the	1 ' '	or BMC you do not need to file again
Creditor Telephone Number ( )01/- 30210 - 967242		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace	ces	
4041		if this claim 0	, a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	☐ Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	salaries and compensation (	fill out below)	Other claims against servicer
Services performed Taxes	-	digits of your SS#	• • • • • • • • • • • • • • • • •	(not for loan balances)
Money loaned Other (describe briefly)		ompensation for services per	rformed from	to
	Onpuia o	or period tor services per	monned nom	
2 DATE DEBT WAS INCURRED	2 15 00	OURT JUDGMENT, DATE O	DTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				ha tima casa filod
See reverse side for important explanations	DESI GESON	be your claim and state the amou	unt of the claim at t	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y	our dam	Check this box if yo	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Valuele	Other
Check this box if you have an unsecured claim all or part of which is				
entitled to priority		Value of Collateral		000,00
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$_	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward	ard ourchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days		services for personal family o		
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Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Amounts are subject to adjus		
		with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	30,0	000 00 \$		\$ 30,000.00
AT TIME CASE FILED (unsecured)	(se	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	nnncinal s	mount of the claim. Attach iter	mized statement o	f all interest or additional charnes
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6 CREDITS The amount of all payments on this claim has been credi				
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	<i>me⊓t</i> s, su	ch as promissory notes purc	chase orders inve	oices itemized statements of
running accounts contracts court judgments mortgages security as				T SEND ORIGINAL
DOCUMENTS If the documents are not available explain if the do			•	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of ye	our claim enclose a stamped	d self addressed	envelope and copy of this
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The original of this completed proof of claim form must be sent	*		3	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, co	•	-		USE ONLY
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BY MAIL TO		OR OVERNIGHT DELIVERY TO		
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		Fi-Usin 7 -		40 x 2 8 500
	≘l Segiin	0.54		
DATE SIGN and print the name and title if any of the		other person authorized to file		
this claim (attach copy of power of attorned	. /			
11/21/06 Parau	inh:			



Case fi	6-10725-0W7 - Dac 866	0-3 Fr	tered 07/19/11 15	136.08 P	age 7 of 11
}	S BANKRUPTCY COURT OUT	PRO	OF OF CLAIM	00.00	age 7 of 11
Name of Debtor		Case Nu	umber	1	
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COMPAN		(/ 6-)			
T .	of Debtors and Case Numbers		Charles from the		
1	to make a claim for an administrative of ent of the case A request" for payme	•	Check box if you are aware that anyone else has	}	
	pe filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
PANAGIOTIS DOI	IANITIS & DILLITIZA		Check box if you have		
DOVANIDOV	,		never received any notices		
STUROS	_		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
14 MILLINON ST	n1 16674		Check box if this address	ONE OF THE DE	BTORS
GLYFADA ATHE	1,400,4		differs from the address on the	· '	ready filed a proof of claim with the tor BMC you do not need to file again
GREECE Creditor Telephone Number (	101/-702/12-0/22	437	envelope sent to you by the court	1 ' '	E IS FOR COURT USE ONLY
	other number by which creditor identifie	es debtor			
	4041		Check here replace or if this claim amen	a previously	y filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	□ Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed	☐ Taxes		r digits of your SS #	,	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCUR!	RED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLA					the time case filed
See reverse side for important	explanations		SECURED CLAIM		
UNSECURED NONPRIORIT		FX		our claim is secu	red by collateral (including
	ing collateral or lien securing your claim or operty securing it or if c) none or only part or		a right of setoff)		
entitled to priority			Brief description of	collateral	
UNSECURED PRIORITY CL			Real Estate	Motor Vehicle	e
entitled to priority	an unsecured claim all or part of which is		Value of Collateral	\$ 50	0,000.00
Amount entitled to priority	\$				at time case filed included in
Specify the priority of the cla	·		secured claim if any		
	es under 11 U S C § 507(a)(1)(A) or (a)(1)(E	3)	Up to \$2 225* of deposits toward	ard purchase lease	e or rental of property or
Wages salaries or commis	sions (up to \$10 000) earned within 180 da	ays	services for personal family of		
	cy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
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5 TOTAL AMOUNT OF CLA	IM \$\$	300	200,00 \$	_	\$ 50,000.00
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11/21/06	1Downwich	•			USA CMC
Penalty for presenting fraudulent	claim is a tine of up to \$500 000 or imprison.	ment for up to	5 years or both 18 USC §§	152 AND 3571	1070501500
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		ES BANKRUPTCY COURT COUC RICT OF NEVADA	PRO	OOF OF CLAIM	50.00 Pa	age o or ii
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Na // // Cre	me of Creditor and PANAGIOTIS 70 PONAGIOTIS 70 Y JUNION SITE LYFADA ATHER CES ditor Telephone Number	Address PVANITIS & PIMITRA PORT VENIS, 16674		your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court	IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Las	-	404	deptor	Check here replace or if this claim amen	a previously	filed claim dated
	SASIS FOR CLAIM Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages Last four	penefits as defined in 11 U S salaries and compensation (f digits of your SS # compensation for services per	fill out below)	Unremitted principal Other claims against services (not for loan balances) to (date) (date)
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UN UN:	exceeds the value of the prentitled to priority  SECURED PRIORITY CL  Check this box if you have entitled to priority  Amount entitled to priority  Specify the priority of the cl  Domestic support obligation  Wages salaries or commis before filing of the bankrupt business whichever is earli	FY CLAIM \$ s no collateral or lien securing your claim or b) operty securing it or if c) none or only part of your claim or by operty securing it or if c) none or only part of your claim all or part of which is an unsecured claim all or part of which is \$ aim as under 11 U S C § 507(a)(1)(A) or (a)(1)(B) sisions (up to \$10 000)* earned within 180 days be cy petition or cessation of the debtor's er 11 U S C § 507(a)(4) see benefit plan 11 U S C § 507(a)(5)	our claim is	a right of setoff) Brief description of Real Estate  Value of Collateral	Motor Vehicle  \$ 30  Ind other charges  Ind purchase lease inhousehold use 1:  Vernmental units 1  Ingraph of 11 U S C  Internation 4/1/07 and	or rental of property or USC § 507(a)(7)  1 USC § 507(a)(8) § 507(a) () devery 3 years thereafter
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JAI	11/21/06	this claim (attach copy of power of attorn		outer person authorized to file		USA CMC



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Name	e of Debtor		Case Nu	mber		
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424	FAPA ATH	57VJ, 16674		Check box if this address differs from the address on the envelope sent to you by the		ndy filed a proof of claim with the r BMC you do not need to file again
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	40	941		if this claim amen		iled claım dated
1 BAS	IS FOR CLAIM		Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
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		AIM Check the appropriate box or boxes that	t best descr	be your claim and state the amor	unt of the claim at the	time case filed
Į.	reverse side for important			SECURED CLAIM		
☐ Ch		s no collateral or lien securing your claim or b) operty securing it or if c) none or only part of yo		Check this box if your a right of setoff)	our claim is secure	d by collateral (including
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1	pecify the priority of the cli	<del>-</del>		secured claim if any		
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UNITED STATES BANKRUPTCY COURT 8660 (	PRO	ered 07/19/11 15:3 OOF OF CLAIM	36:08— Pa	ge 10 of 11
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Nu	umber 10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address PAN 4910715 DOVANIUS & DI41TRA DOVANI POU JTWROS	4	your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTE	HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
14 MIKINON ST 4KY FADA ATH ENVJ, 16674 4R BECE Creditor Telephone Number ( )011-30210-9622		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	ETORS  ready filed a proof of claim with the tor BMC you do not need to file again  E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies  404/	debtor	Check here replace or armen	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (f	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	formed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amou	int of the claim at	the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b)		Check this box if yo	ur claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of ye entitled to priority	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		000 00
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage an secured claim if any	-	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	[-	Up to \$2 225* of deposits towa	rd purchase lease	e or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, <u> </u>	services for personal family of Taxes or penalties owed to go	r household use	11 U S C § 507(a)(7)
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6 CREDITS The amount of all payments on this claim has been creed SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security and DOCUMENTS of the documents are not available explain. If the documents are not available.	<i>uments,</i> su agreement	ich as promissory notes purc s and evidence of perfection	hase orders inv	oices itemized statements of
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DATE SIGN and print the name and title if any of the this claim (attach explosed power of attor	ne creditor or ney if any)	other person authorized to file		

		es Bankruptoy court 8000- RICT of Nevada	PR	OF OF CLAI	<b>6</b> :08 Pag	je 11 of 11
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1 E	ASIS FOR CLAIM		Retiree b	enefits as defined in 11	USC § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	│ Wages	salaries and compensati	on (fill out below)	Other claims against service
1	Services performed	∐ Taxes	Last four	digits of your SS#		(not for loan balances)
فلر	Money loaned	Other (describe briefly)	Unpaid o	ompensation for services	s performed from	_ to (data)
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